PART B - FEE(S) TRANSMITTAL

Confiplete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notifica	ed below or directed oth	or transming the Pat nerwise in	nitting the ISSU tent, advance or Block 1, by (a	E FEE and PUBLIC ders and notification) specifying a new c	of m	ON FEE (if requiaintenance fees woondence address;	ired). B vill be r and/or	Blocks 1 through 5 sh mailed to the current (b) indicating a sepa	ould be correspon rate "FEE	completed where dence address as ADDRESS" for
23850	7590 08/20	/2009	AND I	aos.	Fee(s	s) Transmittal. The rs. Each additiona its own certificate	is certifi I paper, of mai	can only be used for icate cannot be used for such as an assignment ling or transmission. of Mailing or Transm	or any oth it or form	er accompanying
1420 K Street, N Suite 400		N, LLP	NOV 1	6 5003 R	l her State addre trans	eby certify that these Postal Service wessed to the Mail mitted to the USP	is Fee(s vith suff Stop TO (57	s) Transmittal is being ficient postage for firs ISSUE FEE address 1) 273-2885, on the day	deposited t class ma above, or te indicat	I with the United il in an envelope being facsimile ed below.
WASHINGTON	1, DC 20005		132	SEE!						(Depositor's name)
			STENT &	TRADEMA				_		(Signature)
										(Date)
APPLICATION NO.	FILING DATE			FIRST NAMED INVEN	ITOR		ATTO	RNEY DOCKET NO.	CONFIR	MATION NO.
10/557,889	11/18/2005			Toshiyuki Muraka	mi			050732		2305
TITLE OF INVENTION	: ARTICLE STORAGE	DEVICE				11/17/	'2009 I	LNGUYEN2 00000046	612340	10557889
						01 FC: 02 FC:	2501 1564	755.00 DA 300.00 DA		1000/007
APPLN. TYPE	SMALL ENTITY	ISSU	E FEE DUE	PUBLICATION FEE	DUE	PREV. PAID ISSU	êfêe	TOTAL FEE(S) 190E	I	DATE DUE
nonprovisional	nonprovisional YES		\$755	\$300		\$0		\$1055	1	1/20/2009
EXAM	IINER	Αł	RT UNIT	CLASS-SUBCLASS						
HUYNH,	LOUIS K		3721	053-384100						
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,						
Tree Address" ind	ication (or "Fee Address 2 or more recent) attach	" Indicatio	on form	(2) the name of a registered attorney 2 registered patent listed, no name wi	or a	gent) and the nam neys or agents. If	es of u	p to	ISON,	LLP
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE	PRINTED ON T	THE PATENT (print of	or typ	e)				
PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIG	less an assignee is ident h in 37 CFR 3.11. Comp GNEE	ified belo eletion of	w, no assignee this form is NO	data will appear on t Γ a substitute for filin (B) RESIDENCE: (6					ocument h	as been filed for
, ,	Scales Co.,	Ltd		Tokyo,				,		
Please check the appropr	iate assignee category or	categorie	s (will not be pr				orporati	on or other private gro	up entity	Government
4a. The following fee(s) Issue Fee				A check is enclose	sed.		• •	riously paid issue fee	shown ab	ove)
Publication Fee (N Advance Order -	lo small entity discount p	ermitted)		Payment by cred					Gaiamau a	a andit any
Advance Order -	# of Copies			overpayment, to	Depo:	sit Account Numb	er <u>0.1</u> _	required fee(s), any de . 2340 (enclose a	n extra co	py of this form).
 Change in Entity Sta a. Applicant claim 	tus (from status indicateds SMALL ENTITY state		CFR 1.27.	☐ b. Applicant is no	o long	ger claiming SMA	LL ENT	FITY status. See 37 CI	FR 1.27(g))(2).
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req records of the United Sta	uired) wil tes Patent	l not be accepted and Trademark	I from anyone other to Office.	han tl	ne applicant; a reg	stered a	attorney or agent; or th	e assigne	or other party in
Authorized Signature	Zozuk	Va	- Chan	2713	33	Date No	oven	ber 12, 20	09	
Typed or printed nam	Mel R. Qu	into	s I			Registration N	10	31,898		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

23850

7590

08/20/2009

KRATZ, QUINTOS & HANSON, LLP 1420 K Street, N.W. Suite 400 **WASHINGTON, DC 20005**



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name) (Signature) (Date)

1/18/2005 Toshiyuki Murakami 050732 2305	APPLICATION NO.	LICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
REXAMINER ART UNIT CLASS-SUBCLASS			DEVICE	Toshiyuki Murakami	•	050732	2305		
EXAMINER ART UNIT CLASS-SUBCLASS									
EXAMINER ART UNIT CLASS-SUBCLASS HUYNH, LOUIS K 3721 053-384100 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents OR, alternatively, (3) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is listened attorneys or agents or age	APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE		
HUYNH, LOUIS K 3721 053-384100 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/147; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE Ni ikura Scales Co., Ltd. Tokyo, Japan Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of Fee(s): (Please first reapply any previously paid issue fee shown above) At The following fee(s) are submitted: A check is enclosed. Publication Fee (No small entity discount permitted) A check is enclosed. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. A check is enclosed. Payment by credit card. Form PTO-2038 is attached. A check is enclosed. Payment by credit card. Form PTO-2038 is attached. A check is enclosed. Payment by credit card. Form PTO-2038 is attached. A check is enclosed. Payment by credit card. Form PTO-2038 is attached. A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Change in Entity Status (from status indicated above)	nonprovisional	YES	\$755	\$300	\$0	\$1055	11/20/2009		
2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Niikura Scales Co., Ltd. Tokyo, Japan Please check the appropriate assignee category or categories (will not be printed on the patent): Ab. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card, Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number(1 = 2340 (enclose an extra copy of this for overpayment, to Deposit Account Number(1 = 2340 (enclose an extra copy of this for overpayment, to Deposit Account Number(0 1 = 2340 (enclose an extra copy of this for	EXAMI	INER	ART UNIT	CLASS-SUBCLASS					
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE Ni ikura Scales Co., Ltd. Tokyo, Japan Please check the appropriate assignee category or categories (will not be printed on the patent): Tokyo, Japan Tokyo, Japan 4a. The following fee(s) are submitted: Solution for the printed on the patent attorneys or agents. If no name is listed, no name will be printed. Tokyo, Japan 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number()1-2340 (enclose an extra copy of this for overpayment, to Deposit Account Number()1-2340 (enclose an extra copy of this for overpayment, to Deposit Account Number()1-2340 (enclose an extra copy of this for overpayment, to Deposit Account Number()1-2340 (enclose an extra copy of this for overpayment, to Deposit Account Number()1-2340 (enclose an extra copy of this for overpayment, to Deposit Account Number()1-2340 (enclose an extra copy of this for overpayment, to Deposit Account Number()1-2340 (enclose an extra copy of this for overpayment, to Deposit Account Number()1-2340 (enclose an extra copy of this for overpayment, to Deposit Account Number()1-2340 (enclose an extra copy of this for overpayment, to Deposit Account Number()1-2340 (enclose an extra copy of this for overpayme	HUYNH, I	LOUIS K	3721	053-384100		•			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Niikura Scales Co., Ltd. Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government. 4a. The following fee(s) are submitted: Advance Order - # of Copies 2	1. Change of corresponde	nce address or indication	on of "Fee Address" (37			· VDAMU OVITNOO			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Niikura Scales Co., Ltd. Tokyo, Japan Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of Fee(s): (Please first reapply any previously paid issue fee shown above) As The following fee(s) are submitted: A check is enclosed. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. Payment, to Deposit Account Number 1 - 2340 (enclose an extra copy of this for overpayment, to Deposit Account Number 1 - 2340 (enclose an extra copy of this for overpayment, to Deposit Account Number 1 - 2340 (enclose an extra copy of this for overpayment, to Deposit Account Number 1 - 2340 (enclose an extra copy of this for overpayment, to Deposit Account Number 1 - 2340 (enclose an extra copy of this for overpayment, to Deposit Account Number 1 - 2340 (enclose an extra copy of this for overpayment, to Deposit Account Number 1 - 2340 (enclose an extra copy of this for overpayment, to Deposit Account Number 1 - 2340 (enclose an extra copy of this for overpayment).				(1) the names of up to or agents OR, alternative	3 registered patent ely,	attorneys I KRAT	Z, QUINTUS		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Niikura Scales Co., Ltd. Tokyo, Japan Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government. 4a. The following fee(s) are submitted: Issue Fee A check is enclosed. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01-2340 (enclose an extra copy of this for overpayment, to Deposit Account Number 01-2340 (enclose an extra copy of this for overpayment, to Deposit Account Number 01-2340 (enclose an extra copy of this for overpayment, to Deposit Account Number 01-2340 (enclose an extra copy of this for overpayment, to Deposit Account Number 01-2340 (enclose an extra copy of this for overpayment, to Deposit Account Number 01-2340 (enclose an extra copy of this for overpayment, to Deposit Account Number 01-2340 (enclose an extra copy of this for overpayment, to Deposit Account Number 01-2340 (enclose an extra copy of this for overpayment, to Deposit Account Number 01-2340 (enclose an extra copy of this for overpayment).	"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			registered attorney or agent) and the names of up to					
(A) NAME OF ASSIGNEE Niikura Scales Co., Ltd. Tokyo, Japan Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of Fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 2 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01-2340 (enclose an extra copy of this for	3. ASSIGNEE NAME AN	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or type	e)				
(A) NAME OF ASSIGNEE Niikura Scales Co., Ltd. Tokyo, Japan Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Governments. Individual Corporation or other private group entity Governments. Individual Corporation or other private group entity Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Individual Corporation or other private group entity Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Individual Corporation or other private group entity Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Individual Corporation or other private group entity Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Individual Corporation or other private group entity Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Individual Corporation or other private group entity Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Individual Corporation or other private group entity Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Individual Corporation or other private group entity Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Individual Corporation or other private group entity Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Individual Corporation or other private group entity Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Individual Corporation or other private group entity Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Individual Corporation or other private group entity Payment of Fee(s): (Please first reapply any previously payment of Fee(s): (Please first reapply any previously payment of Fee(s): (Please first reapply any previously p	PLEASE NOTE: Unle	ess an assignee is ident	ified below, no assignee	data will appear on the particular appear	tent. If an assigne	e is identified below, the d	locument has been filed f		
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government 4a. The following fee(s) are submitted:									
4a. The following fee(s) are submitted: Solution S	Niikura	Scales Co.,	Ltd.	Tokyo, Ja	pan				
Solution Status (from status indicated above) A check is enclosed. □ A check is enclosed. □ Payment by credit card. Form PTO-2038 is attached. □ Payment by credit card. Form PTO-2038 is at	Please check the appropria	ate assignee category or	categories (will not be pr	inted on the patent):	Individual 🛛 Cor	poration or other private gr	oup entity Governmen		
Publication Fee (No small entity discount permitted) Advance Order - # of Copies 2 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01 - 2340 (enclose an extra copy of this for overpayment). Change in Entity Status (from status indicated above)	a. The following fee(s) a	re submitted:	41	o. Payment of Fee(s): (Plea	se first reapply any	y previously paid issue fee	shown above)		
Advance Order - # of Copies 2 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 0.1 - 2.340 (enclose an extra copy of this for 5. Change in Entity Status (from status indicated above)				A check is enclosed.					
overpayment, to Deposit Account Number 01-2340 (enclose an extra copy of this for 5. Change in Entity Status (from status indicated above)									
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).	Advance Order - #	of Copies2		The Director is hereby overpayment, to Depo	authorized to charg sit Account Number	e the required fee(s), any de 01-2340 (enclose a	eficiency, or credit any an extra copy of this form).		
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).		•							
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other particles.							(0)(-)		

Authorized Signature Date November 12, 2009 Typed or printed name__Mel Ouintos Registration No. 31,898

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.